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ABSTRACT

Doctoral education in nursing is relatively new, with 14 of the 22 programs identified by the National League of Nursing being established after 1970. To identify trends, patterns of consistency, recurrent gerontological foci, and the frequency of occurrence of identified factors in graduate programs in Gerontological Nursing, the curricula, program requirements, course content, and scheduling of 35 gerontological nursing graduate programs were reviewed. An analysis of the results showed that preparation for gerontological nursing is still in its infancy, with considerable diversity and inconsistency in curricula, terminology, and clinical emphases being cited. Curricular content appears to emphasize social, attitudinal, and physical care, with little attention given to mental health/geropsychiatric, or health policy issues. Despite a professed emphasis on clinical nursing research, the majority of programs give greater attention to general doctoral research preparation, theory development, and professional issues. The two year Master's degree programs show the most evident gerontological content, focusing on assessment skills, age-related biological changes, and physiological dysfunction. A curriculum balance between physiological, psychological, and social gerontological nursing is recommended, with emphasis on cultural diversity, advocacy, and clinical specialization in wellness/illness assessment. (BL)

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Doctoral Preparation for Gerontological Nursing

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Symposium

"The Development of Gerontological Nursing Education"

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Doctoral Preparation for Gerontological Nursing

Celeste A. Dye, R.N., Ph.D.

A review of 35 graduate programs in Nursing reveals that preparation for gerontological nursing is still in its infancy. Considerable diversity and inconsistency are both found. Heavy reliance upon substantive preparation at the master's level remains evident. Despite curricular content that is identifiable only with difficulty, attention appears to be directed to social, attitudinal, physical care issues with little attention to mental health/geropsychiatric or health policy matters. Traditional doctoral level preparation in research, theories/issues, and nursing science (clinical specialization) are discussed as appropriate vehicles for recommended studies in psychological, physiological, and socio-political gerontology. Cultural diversity, patient advocacy, and the development of clinical specialization programs in wellness-illness assessment are topics strongly recommended.

DOCTORAL PREPARATION FOR
GERONTOLOGICAL NURSING

The issues involved in any discussion of doctoral education in Gerontological Nursing are of particular importance because of the pressing need for nursing leadership in the care of older adults and the responsibilities accompanying doctoral level education. The doctorally-prepared nurse is a leader, a role model, and a research scientist; consequently, educational preparation must take into account opportunities for advanced theory development, research sophistication, and clinical acumen as it relates to the care of the elderly patient.

Doctoral education in nursing is still relatively new, with some 22 doctoral programs identified by the National League for Nursing. According to Martinson (1980), of these 22 programs 14 were established after 1970. The various degrees offered include one Doctorate of Education (Ed.D), seven Doctorates of Nursing Science (D.N.Sc.), and fourteen Doctorates of Philosophy (Ph.D). The number of doctorally-prepared nurses being graduated each year is still very small. The American Association of Colleges of Nursing reported in 1978 that less than 30 nursing doctorates were granted in 1977 and only 50 in 1978. Other disciplines still provide considerable non-nursing doctoral enrollment opportunities and this remains but one of the substantive issues facing Gerontological Nursing today. In addition to the question of which discipline should prepare Gerontological Nursing leaders, the paucity of adequately-prepared faculty superimposes a more immediate constraint; prepared faculty are needed now. Martinson reports, however, that as of 1978 only two persons

teaching in these 22 doctoral programs had doctorates with specialization in Gerontology or Gerontological Nursing.

Five universities (Case Western Reserve, University of Illinois, University of Colorado, University of Michigan, and University of Wisconsin) offer a doctorate in nursing with a "focus" in Gerontological Nursing. In addition, several other universities are developing gerontological nursing "components" within their overall programs of study. A problem arises in attempting to ascertain just how much or what type of Gerontological Nursing content is to be offered. And on what basis will it be offered? Martinson (1980) cites a 1980 A.N.A. survey that indicated that there are presently 2,348 doctorally- prepared nurses, an increase of almost 500 over the 1972 survey. Yet, among these ranks, seventy-nine different major areas of study were reported: ten having "nursing" in their title and another six in health or public-health related fields. The impressive array of diverse educational interests fails to offset what amounts to a rather critical issue in Gerontological Nursing: Who is being prepared for a leadership role and what are the essential curricular components of that preparation? To answer this question a study of more than thirty-five graduate programs which indicated "some" degree of Gerontological Nursing content, as identified in A.N.A., N.L.N., or university documents, was undertaken. The principle method of this descriptive research involved "documentary (content) analysis." A three-member research team headed by this investigator undertook the analysis of letters, periodicals, brochures, catalogues, syllabi, and bulletins, all pertaining to available gerontological nursing

curricula.

The primary objective of this study was the identification of trends, patterns of consistency/inconsistency, recurrant gerontological foci, and the frequency of occurrence of identified factors. Curricula, program requirements, course content, and scheduling were all included in the analysis in an attempt to determine as precisely as possible, what was and was not being offered.

The analysis of these programs resulted in findings which may be summarized as follows:

1. Curricular reporting strategies were grossly inconsistent with virtually no terminological consistency. References were repeatedly made to broadly defined areas of gerontological content, yet ambiguity was rife; it was extremely difficult--indeed almost impossible--to simply add up exactly how much of any particular curricular content was actually being offered!
2. Despite the fact that more than seven doctoral programs indicated emphasis on "clinical" nursing research, the vast majority of programs gave greater attention to general research preparation, theory development, and professional issues in Nursing. Little, if any, clinical nursing research emphasis was directed to gerontological nursing ($< 10\%$).
3. Program diversity far outdistanced program consistency: both qualitatively and quantitatively, clearly identified "gerontological" content was in scant supply.

4. Each program appeared to rely very heavily on "substantive" preparation in Gerontological Nursing at the Master's level; yet, in spite of such dependence, neither didactic nor clinical [redacted] gerontological course content was readily identifiable.
5. Some programs offered "emphasis" in Gerontology at the doctoral level while other programs offered a Master's level "component"; language tended to reflect ambiguity rather than clarity with virtually no definition of the words "emphasis" or "component."
6. Some programs relied upon substantive Gerontological content derived from courses taken outside the College of Nursing, from independent study, or from individual/group tutorial study.
7. The most easily identified gerontological content was found in two-year Master's degree programs, particularly those that declared themselves "practitioner preparatory." The least clearly identifiable gerontological content was found in community or adult-health programs.
8. Social issues in aging, attitudes toward aging, and communication problems of nurses and patients were predominantly addressed (> 70%).
9. Very little emphasis was placed upon cross-cultural issues and aging health-illness (i.e., ETHNO-Geriatric pathophysiology-- < 20%).
10. Health Care Delivery, Health Policy, and Patient Advocacy were topics addressed in approximately 25% of the programs reviewed.

11. In innumerable instances, cited courses appeared to deal broadly and superficially with general gerontological content, but very little depth-analysis of issues was apparent in terms of sequential learning or course scheduling.

12. Two-year master's programs emphasized assessment skills, age-related biological changes, and physiological dysfunction.

13. There was almost no declared "emphasis" upon mental health, geropsychological or geropsychiatric needs of elderly patients (< 10%).

The limitations of this research method must be reiterated here:

> Frequency-of-occurrence estimates may reflect only fleeting or temporary activites.
>
> The amount of time or space devoted to identified foci may not reveal the cruciality or importance of the item being analyzed.
>
> Printed and written materials are not necessarily accurate in and of themselves.

And yet, it must be said that the need for consistency, or at the least, "minimal professional consensuality," remains an issue of the highest priority. Too many programs use the terms "geriatric" and "gerontology" interchangeably when their meanings differ appreciably.

Ambiguity in terminology, definition, and curricular content must be replaced by requisite clarification, consensuality, and methodological consistency. No threats to academic/programmatic freedom result simply because individuals and groups agree to

agree: to either clearer communication, tighter accountability, or mutually desired goals. All of the graduate programs studied agreed "in principle" to the common objective, "educational preparation of a research scholar." The obvious problems arose out of a failure to clearly articulate what was actually taught in any course, what ratio of theory development to research to clinical acumen actually existed (or was desired) and what doctoral level knowledge and skills the graduate could be expected to demonstrate. How confusing for students attempting to weave their way through the enrollment-selection maze.

Wells (1979) stated that "Nursing education and practice rest upon research; gerontological nursing will be encumbered until doctoral preparation in the field is given priority." What can be recommended from this study is that, at the professional and academic levels, priorities can and must be clearly declared. Financial, faculty, and material resources must be addressed in determining these priorities, and once determined, clarification can begin with course titles that indicate what is actually taught. The degree of balance, if any, between physiological, psychological, and social gerontological nursing content can also be reflected in major/minor, cognate areas or, as Wells suggested, in doctoral level courses in gerontological nursing that address such foci as:

Preventive health

Chronicity and the aging health-illness continuum

Gerontological Nursing Research with emphasis on longitudinal, cross-sectional, and cohort methodologies.

Health Policy/Health Care Delivery

Sociopolitical Advocacy in Health Care

Cross-Cultural studies in Aging

Professional issues in Gerontological Nursing

Theory Development in Gerontological Nursing Science*

Standards of Gerontological Nursing practice have been in existance for some fourteen years and, at this juncture, it hardly seems unreasonable to recommend that, as the number of doctorally-prepared nurses increases and the population-at-large ages rapidly, we develop a set of doctorally-based professional standards for specialization similar to the certification/ licensure standards enforced by other disciplines. The first step towards this and one likely to show earliest gain, is aimed simply at clarifying what is actually taught. The next step will require agreement as to whether this is what the profession believes should be taught and how best to teach it.

*Utilizing Susan Gortner's definition of nursing "science."

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